

STATE OF MONTANA

FOR BOARD USE ONLY

DEPARTMENT OF LABOR AND INDUSTRY

BOARD OF PERSONNEL APPEALS

CASE NO: _____

PETITION FOR UNIT CLARIFICATION

DATE FILED: _____

INSTRUCTIONS: Submit an original and three (3) copies of this petition to the Board of Personnel Appeals, PO Box 6518, Helena, MT 59604-6518. If more space is required for any item, attach additional sheets, numbering items accordingly. **(Print or type in black)**

1. NAME OF BARGAINING REPRESENTATIVE: _____ AFFILIATION, if any: _____
2. ADDRESS OF BARGAINING REPRESENTATIVE: _____ TELEPHONE: _____
3. NAME OF PUBLIC EMPLOYER: _____
4. ADDRESS OF EMPLOYER: _____ TELEPHONE: _____

5. Description of existing bargaining unit in question, specifying inclusions and exclusions:
- _____
- _____
- _____
- _____

6. Description of proposed clarification of the unit: (include job classifications and number of employees in each job classification affected by proposed clarification)
- _____
- _____
- _____
- _____

7. Statement setting forth the reasons why petitioner desires a clarification of the unit:
- _____
- _____
- _____
- _____

8. Is any employee organization, other than the representative listed in Number 1, certified to represent any of the employees who would be directly affected by the proposed clarification Yes _____ No _____
- _____
- _____
- _____
- _____

9. A brief and concise statement of any other relevant facts:
- _____
- _____
- _____

BY: _____

DATE: _____ TITLE: _____